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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 10/075,052 02/12/2002 PAT 6,729,418  
 which claims benefit of 60/268,303 02/13/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OK	SHEETS DRAWING 9	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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